



DISASTER FUND APPLICATION

Date _____ Name _____ Spouse _____

Address _____ City/State/Zip _____

Member of - Chapter Name and Number, City/State: _____

Members Pledge Date and Present Status _____

Explain Nature of Destruction/Damage to Home // Explain Nature of Destruction/Damage to Personal Items // Explain Serious Accident and/or Catastrophic Illness _____

Total \$ Amount of Destruction and/or Medical Expense: _____

Total \$ Amount of Disaster Fund Assistance Requested: _____

Prior Assistance from Disaster Fund: Yes or No _____ If Yes: Dollar Amount/Date/Nature of Claim: _____

Submitted by: _____
(Please print or type: Chapter President's name, address, city/state/zip)

Chapter President's Signature: _____

The State Disaster Fund Chair hereby approves this application. My signature on this application indicates that I have reviewed this application and find it to be a valid claim according to IC Disaster Fund Guidelines.

State Disaster Fund Chair

Address

City/State/Zip

Phone/e-mail address

Date: _____

NOTE: ALL ABOVE INFORMATION IS REQUIRED AND MUST BE COMPLETED - Additional information can be attached to this application. Original & two (2) copies go to the State Disaster Fund Chair. Original goes to the IC Disaster Fund Chair; she will distribute copies to IC President and IC 1st Vice President. **Important:** State Disaster Fund Chair should retain the third copy for the state files.

IC Disaster Fund Chair only:

Date Received: _____

Amount Paid: _____ Date _____

Initial: _____

Revised: July 2006